



Partners in Education

## Partnership Application

### 1. Community Partner Contact Information (To be completed by Community Partner)

Business or Organization Name	
Partner Contact Name	
Job Title	
Mailing Address	
Phone/Fax	
Email	
Web site Address	
Parent Company Name (if applicable)	

- Please describe what your business does.
- Why do you want to partner with Sherman Independent School District?
- Please check the SISD Partners in Education program(s) you are interested in: (Check all that apply)  
 Adopt a School     SISD Partners     Mentoring     Employee PERKS
- Number of people from your business/organization you anticipate participating in the PIE Program  
 Please check the appropriate box.  
 1                                       11-20  
 2-5                                       21-30  
 6-10                                       30+

Type of Business/Industry (Check box)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Apartment              | <input type="checkbox"/> Employment Service   | <input type="checkbox"/> Real Estate                   |
| <input type="checkbox"/> Architect              | <input type="checkbox"/> Engineer             | <input type="checkbox"/> Recreation                    |
| <input type="checkbox"/> Attorney               | <input type="checkbox"/> Financial            | <input type="checkbox"/> Restaurant                    |
| <input type="checkbox"/> Auto                   | <input type="checkbox"/> Florist              | <input type="checkbox"/> Retail                        |
| <input type="checkbox"/> Builder                | <input type="checkbox"/> Government           | <input type="checkbox"/> Retirement Home               |
| <input type="checkbox"/> Communication          | <input type="checkbox"/> Insurance            | <input type="checkbox"/> Salon/Spa                     |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Landscaping          | <input type="checkbox"/> Technology                    |
| <input type="checkbox"/> Consulting             | <input type="checkbox"/> Manufacturing        | <input type="checkbox"/> Utility                       |
| <input type="checkbox"/> Contractor             | <input type="checkbox"/> Mailing              | <input type="checkbox"/> Wholesale                     |
| <input type="checkbox"/> Dental                 | <input type="checkbox"/> Medical              | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Distributor            | <input type="checkbox"/> Non-profit           |  |
| <input type="checkbox"/> Education              | <input type="checkbox"/> Professional Service |  |

(For SISD use only)	
Date Received:	Reviewed:
Action:	Follow up:
Notes:	
<hr/> <b>Please complete and fax or email to: Partners in Education 903.891.0087 or <a href="mailto:PIE@shermanisd.net">PIE@shermanisd.net</a></b>	